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April 12, 2016

All expenditures from Jan 1, 2016 - April 1, 2016 have been approved by me as treasurer of the Dr. Beebe for President Committee. During this period we have received no contributions and Dr. Beebe has been self funding his expenses for gas, campaign buttons and printed material. Hope to reimburse him when we receive 2016 contributions.

Sincerely,

F. Quinn Beebe 4/12/2016

F. Quinn Beebe Date 4/14/2016

2016 APR 15 PM 12:05

Amendment to
Form 1 FEC
Statement of Candidacy

January 18, 2016

Dear Federal Election Commission Official

The Dr. Beebe for President Committee
officially announces that we are
running no longer in the Democratic
Party but as of January 18, 2016
we are running Independent as
The BlueGreen Revolution Party. Our
platform is for Peace, Prosperity and Plenty.
Pastures transforming the United States
of America. Blessing our country
here we can be a blessing around
the world. Our platform is articulated
in the revised, "Twelve Visions of
America."

Sincerely,

Dr. James W. Beebe

Only Contributions
original: 2700. F. Quinn Beebe
2700. James Beebe

**FEC
FORM 3P**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
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2016 APR 15 PM 12:05

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

DR BEEBE FOR PRESIDENT

ADDRESS (number and street))

9909 CHEYENNE CIRCLE



Check if different
than previously
reported. (ACC)

VENTURA

CITY

CA

STATE

93004

ZIP CODE

FEC IDENTIFICATION NUMBER

C00587402

3. THIS REPORT IS FOR Primary

Or General

X

TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

☒ April 15 (Q1) ☐ October 15 (Q3)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election

on / /

☐ Twelfth day report preceding election

on / / in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

01 / 01 / 2016

through

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

REV. F. Quinn Beebe

Signature of Treasurer

Rev. Frank A. Beebe

Date

4/12/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

504
4/15

pe Committee Name
DR. BEEBE FOR PRESIDENT

From:

MM / DD / YY
01 / 01 / 2016

To:

03 / 31 / 2016

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

4100

7. TOTAL RECEIPTS THIS PERIOD

(From Line 22, Column A, Page 3)

Candidate Self Funding Expenses

1,880.00

SUBTOTAL

(Lines 6 and 7)

191100

TOTAL DISBURSEMENTS THIS PERIOD

(From Line 30, Column A, Page 2)

receipts on US Bank Statements

18-0386

10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD

(Subtract Line 9 from 8.)

18.14

1. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE

(Itemize All on Schedule C-P or Schedule D-P).

2. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE

(Itemize All on Schedule C-P or Schedule D-P).

TO RAE BEER
FROM 2015

1000.00

3. EXPENDITURES SUBJECT TO LIMITATION

14. NET CONTRIBUTIONS (Other than Loans)

(Subtract Line 28d, Column B from 17e, Column B, Page 2)

15. NET OPERATING EXPENDITURES

(Subtract Line 20a, Column B from 23, Column B, Page 2).

Page 3

NAME OF COMMITTEE (in Full)
DR BEEBE FOR PRESIDENT

03 / 31 / 2016

COLUMN B
Election Cycle-to-Date

- | | | |
|---|--|-----------|
| 16. FEDERAL FUNDS (Itemize on Schedule A-P)..... | | |
| 17. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) itemized | | |
| (ii) unitemized | | |
| (iii) Total contributions | | |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees | | |
| (d) The Candidate..... | | 18,700.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans)
(Add 17(a), 17(b), 17(c) and 17(d)) | | |
| 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 19. LOANS RECEIVED: | | |
| (a) Loans Received From or Guaranteed by Candidate | | |
| (b) Other Loans..... | | |
| (c) TOTAL LOANS (Add 19(a) and 19(b)) | | 28,700.00 |
| 20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.): | | |
| (a) Operating | | |
| (b) Fundraising..... | | |
| (c) Legal and Accounting | | |
| (d) TOTAL OFFSETS TO EXPENDITURES
(Add 20(a), 20(b) and 20(c)) | | |
| 21. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| 22. TOTAL RECEIPTS
(Add 16, 17(e), 18, 19(c), 20(d) and 21) | | |

DETAILED SUMMARY PAGE of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

DR BEEBE FOR PRESIDENT

Report Covering the Period:

From:

01 / 01 / 2016

To:

03 / 31 / 2016

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	1,911.00	7,311.00
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0
25. FUNDRAISING DISBURSEMENTS		0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....		0
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....		0
(b) Other Repayments		0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		0
(b) Political Party Committees.....		0
(c) Other Political Committees		0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		0
29. OTHER DISBURSEMENTS		0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	1,911.00	7,311.00

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED
(Attach List)

ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C 00587402

DR. BEEBE FOR PRESIDENT

ADDRESS (number and street)

9909 CHEYENNE CIRCLE

Ventura

CITY

CA

STATE

93004

ZIP CODE

3. NAME OF CANDIDATE

DR. JAMES WESLEY BEEBE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California	1,911.00	
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

2016-04-18 00:00:00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS	191100	731100

Page 4

NAME OF COMMITTEE (in full)
DR BEEBE FOR PRESIDENT

MM / DD / YYYY
03 / 31 / 2016

- A. OPERATING EXPENDITURES
(Line 23, Column B).....
- B. OPERATING OFFSETS
Line 20a, Column B).....
- C. **CURRENT YEAR NET OPERATING EXPENDITURES**
(Subtract Line B from A).....
- D. PRIOR YEAR(S) OPERATING EXPENDITURES
- E. PRIOR YEAR(S) OPERATING OFFSETS
- F. **PRIOR YEAR(S) NET OPERATING EXPENDITURES**
(Subtract Line E from D)
- G. FUNDRAISING DISBURSEMENTS
(Line 25, Column B).....
- H. OFFSETS TO FUNDRAISING DISBURSEMENTS
(Line 20b, Column B).....
- I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS
(Subtract Line H from G)
- J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS.....
- K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS.....
- L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS
(Subtract Line K from J)
- M. TOTAL NET FUNDRAISING DISBURSEMENTS
(Add Lines I and L)
- N. 20% EXEMPTION
(20% of Overall Expenditure Limit).....
- O. **TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT**
(Subtract Line N from M).....
- P. **TOTAL EXPENDITURES SUBJECT TO LIMITATION**
(Add Lines C, F and O).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DR. JAMES WESTLEY BEEBE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

☐ M M M /

☐ D M D

☐ Y Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

3. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

☐ M M M /

☐ D M D

☐ Y Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

☐ M M M /

☐ D M D

☐ Y Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only)

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DR. JAMES BEEBE FOR PRESIDENT

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE C-P
LOANS**

Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b
(check only one)

NAME OF COMMITTEE (In Full)

DR. JAMES BEEBE FOR PRESIDENT

LOAN SOURCE Full Name (Last, First, Middle Initial)

DR. JAMES WESLEY BEEBE

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

9909 Cheyenne Circle

City

Van Nuys

State

CA.

ZIP Code

93004

Original Amount of Loan

1,876.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

1,876.00

TERMS

Date Incurred

MM / DD / YYYY

Date Due

MM / DD / YYYY

Interest Rate

% (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS

Supplementary from Information
found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C 00587402

DR BEEBE FOR PRESIDENT

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

none

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

DR BEEBE FOR PRESIDENT

NONE NO LINES IF CREDIT

Signature of Treasurer

Date

MM / DD / YY

MM / DD / YY

MM / DD / YY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Treasurer

Date

MM / DD / YY

MM / DD / YY

MM / DD / YY

SCHEDULE D-P

DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

11
12

NAME OF COMMITTEE (In Full)

DR. BEEBE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PRESS FIRMLY

TO SEAL

**PRIORITY MAIL EXPRESS®
POSTAGE REQUIRED**

U.S. POSTAGE
PAID
VENTURA, CA
93003
APR 13, 16
AMOUNT
\$25.65
0011829-53

1007

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EXPRESS™**

INTERNATIONAL USE SHEL HERE



SN 4225EE9E013



**PRIORITY
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EXPRESS™**



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☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox. If the box is checked, the Postal Service will attempt to obtain the addressee's signature on delivery. If a mailer does not check the box, but the addressee's signature is required, the mailer will be liable for the return of the mail piece.

Delivery Options

☐ No Saturday Delivery (delivered next business day)

☐ Sunday/Holiday Delivery Required (additional fee, where available*)

☐ 10:30 AM Delivery Required (additional fee, where available*)

TO: (PLEASE PRINT)

PHONE (

Presidential File
Federal Election Commission
999 E Street N.W.,
Washington, DC 20463
(U.S. ADDRESSES ONLY)

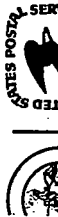
219

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- \$100.00 Insurance included.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.



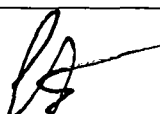
This envelope is made from post-consumer waste. Please recycle - again.

**UNITED!**

2016 APR 15 PM 12:05

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/13/16
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2015)

4/15/16
DATE PREPARED

5 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100